

Provider Temperature Excursion Worksheet

How to respond to a temperature excursion?

If you see your temperatures are out of range, TAKE IMMEDIATE ACTION!

● If a unit is not functioning properly or is not in proper temperature range IMMEDIATELY FOLLOW YOUR VACCINE EMERGENCY RESPONSE PLAN AND IF NEEDED TRANSPORT VACCINE TO YOUR PREDETERMINED LOCATION (See Routine Storage and Handling Plan)

If a temperature excursion has been identified, the storage unit is working properly and is in temperature range

- QUARANTINE VACCINE AND DO NOT ADMINISTER VACCINES
- MARK VACCINE "DO NOT USE" OR INDICATE ON STORAGE UNIT THAT VACCINE IS NOT TO BE USED
- DO NOT DISCARD, CONTINUE TO STORE VACCINE UNDER THE CORRECT TEMPERATURE UNTIL VIABILITY IS DETERMINED. DO NOT ASSUME VACCINE HAS BEEN COMPROMISED.

TEMPERATURE EXCURSIONS AND REPORTABLE TEMPERATURES

Refrigerator – ideal temperature 36-46°F, 2-8°C (Aim for 40°F, 4 to 5°C)

Reportable

- 47°F (9°C) or higher for 30 minutes or more
- <35°F (1°C) for any period of time
- "X" on KIP Data Logger

Freezer – ideal temperature -58 to 5°F, -50 to -15°C (Aim for 0°F, -18°C or less)

Reportable

- 6°F (-14°C) or higher for 30 minutes or more
- "X" on KIP Data Logger

*The Kansas Immunization Program will only consider a documented temperature valid if it is recorded from a certified calibrated thermometer and only valid recorded temperatures can be reported to Vaccine Manufacturers.

- Download your data logger
- If you are not using a data logger, review the written temperature log to determine the last temperature recorded.

Contact your Regional Consultant or the on call line.

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Fax 785-559-4226 Attn: _____

Contact Vaccine Manufacturers, report excursion and **request they fax or email their recommendations**

| Manufacturer | Vaccines | Vaccines | Case Number | Comments |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|
| GlaxoSmithKline (GSK) 877-356-8368 Vaccine.service-center@gsk.com | <input type="checkbox"/> Bexsero <input type="checkbox"/> Boostrix <input type="checkbox"/> Cervarix <input type="checkbox"/> Engerix-B <input type="checkbox"/> Fluarix <input type="checkbox"/> Flulaval <input type="checkbox"/> Havrix <input type="checkbox"/> Hiberix | <input type="checkbox"/> Infanrix <input type="checkbox"/> Kinrix <input type="checkbox"/> Menhibrix <input type="checkbox"/> Menveo <input type="checkbox"/> Pediarix <input type="checkbox"/> Rotarix <input type="checkbox"/> Twinrix | | |
| Merck @ Co, Inc. 877-829-6372 | <input type="checkbox"/> Gardasil <input type="checkbox"/> MMR II <input type="checkbox"/> PedvaxHIB <input type="checkbox"/> Pneumovax 23 <input type="checkbox"/> Proquad | <input type="checkbox"/> Recombivax HB <input type="checkbox"/> Rotateq <input type="checkbox"/> Vaqta <input type="checkbox"/> Varivax <input type="checkbox"/> Zostavax | | |
| Pfizer/Wyeth 800-438-1985 | <input type="checkbox"/> Prevnar 13 | <input type="checkbox"/> Trumemba | | |

PROVIDER NAME _____ PIN _____ DATE _____

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|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Sanofi Pasteur 800-822-2463 | <input type="checkbox"/> ActHib <input type="checkbox"/> Adacel <input type="checkbox"/> Daptacel <input type="checkbox"/> DT <input type="checkbox"/> Fluzone | <input type="checkbox"/> IPOL <input type="checkbox"/> Menactra <input type="checkbox"/> Pentacel <input type="checkbox"/> Quadracel <input type="checkbox"/> Td | | |
| MedImmune 877-633-4411 | <input type="checkbox"/> LAIV Flu Mist | | | |
| Serqirus 888-435-8633 855-358-8966 | <input type="checkbox"/> Afluria <input type="checkbox"/> Fluad | <input type="checkbox"/> Fluvirin <input type="checkbox"/> Flucelvax | | |
| Protein Sciences 800-488-7099 | <input type="checkbox"/> Flubok | | | |

- Direct entry KSWebIZ users, print your current vaccine inventory on KSWebIZ
- Aggregate users, print your current vaccine inventory on KSWebIZ, edit vaccines that are no longer in stock

| | |
|---------------|-------|
| Reported by : | Date: |
|---------------|-------|

●Providers that have a temperature excursion are suspended from vaccine administration and ordering until all requested information is submitted and reviewed. Providers will be notified when released from suspension and when to begin vaccinating again. If non-viable vaccines were administered, children may need to be recalled.

●Promptly submitting documentation will help resolve the excursion more quickly

●If expiration dates need to be shortened due to excursions, excursion stickers needed to be ordered from the KIP order site and placed on the vials to easily identify vaccines involved in an excursion.

●If the excursion is deemed “avoidable”, Providers will be required to replace the public funded non-viable vaccine dose for dose with the same vaccine that is privately purchased as outlined in the VFC Provider Enrollment Agreement.

NON REPORTABLE TEMPERATURE EXCURSION

If temperatures are out of range but have not yet reached the reportable range, temperature adjustments need to be made. Begin to stabilize temperatures. Secure unit doors and check the power source. If needed make a slight adjustment to the thermostat. Continue to monitor temperature every 30 minutes until stable. If the excursion occurs at the end of clinic day, DO NOT leave vaccine in the unit. Move your vaccine to another unit that is monitored according to VFC requirements or to your emergency location. Adjusting temperatures prior to the close of a clinic day and leaving vaccines in a unit with temperature out of range could lead to an “avoidable” waste.

Provider Temperature Excursion Worksheet

How to respond to a temperature excursion?

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----------------------------------------------------------------|-----------------|----|
| Clinic Name: | | Pin: | | Date: | |
| Prepared by: | | | | | |
| Email: | | Phone: | | | |
| TEMPERATURE INFORMATION | | | | | |
| Date discovered: | | Time Discovered: | | | |
| Temperature: | | | | | |
| Data Logger: | Yes | No | Did data logger display an X alarm or out of range temperature | Yes | No |
| Was back up thermometer used: | Yes | No | Brand: | | |
| Calibration date on backup thermometer: | | | | | |
| Estimated time between when event was discovered and last documented temperature reading: | | | | | |
| | | | | | |
| Min/Max since last documented temperature | Min | Max | | | |
| STORAGE UNIT | | | | | |
| Type of vaccine storage unit: | Refrigerator/Freezer | Pharmaceutical/Household | Stand Alone/Combo | | |
| Brand: | | | | | |
| Describe previous problems with storage unit: | | | | | |
| | | | | | |
| Was temperature adjusted prior to this excursion: | Yes | No | Water Bottles: | Present / Added | |
| Describe previous temperature adjustments made to the storage unit: | | | | | |
| | | | | | |
| ACTIONS TAKEN | | | | | |
| Describe actions taken (was vaccine transported, if so to where. Who is monitoring temperatures, how are the temperatures being monitored, data logger, back-up thermometer, other. (Please explain). | | | | | |
| | | | | | |
| REPORTING | | | | | |
| Excursion reported to: (KIP, in clinic, supervisor) | | | | | |
| Were vaccine manufacturers contacted: | | | | | |
| Yes | | | | | |
| No | | | | | |
| Recommendations: | | | | | |
| | | | | | |
| SUMMARY | | | | | |
| Please provide a detailed summary of the event (when and how it was discovered, possible or probable cause, steps taken, any temperature adjustments made to the unit). | | | | | |
| | | | | | |

SUBMIT FORMS - Submit the following to your regional nurse or nurse on call by email or fax:

- Temperature Excursion Worksheet (3 pages)
- A copy of your manual temperature logs
- A print out of your current KSWebIZ inventory (direct user) or aggregate user) a copy of vaccines, lot numbers, expiration dates, quantity and funding source of all vaccines exposed
- A copy of the Manufacturers written recommendations

PROVIDER NAME _____ PIN _____ DATE _____

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